

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
	1	1	1	1		1	1	1	1	
	2	1	1	1		1	1	1	1	
	3	1	1	1		1	1	1	1	
	4	1	1	1		1	1	1	1	
	5	1	1	1		1	1	1	1	
	6	1	1	1		1	1	1	1	
	7	1	1	1		1	1	1	1	
	8	1	1	1		1	1	1	1	
	9	1	1	1		1	1	1	1	
	10	1	1	1		1	1	1	1	
	11	1	1	1		1	1	1	1	
	12	1	1	1		1	1	1	1	
	13	1	1	1		1	1	1	1	
	14	1	1	1		1	1	1	1	
	15	1	1	1		1	1	1	1	
	16	1	1	1		1	1	1	1	
	17	1	1	1		1	1	1	1	
	18	1	1	1		1	1	1	1	
	19	1	1	1		1	1	1	1	
	20	1	1	1		1	1	1	1	
	21	1	1	1		1	1	1	1	
	22	1	1	1		1	1	1	1	
	23	1	1	1		1	1	1	1	
	24	1	1	1		1	1	1	1	
	25	1	1	1		1	1	1	1	
	26	1	1	1		1	1	1	1	
	27	1	1	1		1	1	1	1	
	28	1	1	1		1	1	1	1	
	29	1	1	1		1	1	1	1	
	30	1	1	1		1	1	1	1	
	31	1	1	1		1	1	1	1	
	32	1	1	1		1	1	1	1	
	33	1	1	1		1	1	1	1	
	34	1	1	1		1	1	1	1	
	35	1	1	1		1	1	1	1	
	36	1	1	1		1	1	1	1	
	37	1	1	1		1	1	1	1	
	38	1	1	1		1	1	1	1	
	39	1	1	1		1	1	1	1	
	40	1	1	1		1	1	1	1	
	41	1	1	1		1	1	1	1	
	42	1	1	1		1	1	1	1	
	43	1	1	1		1	1	1	1	
	44	1	1	1		1	1	1	1	
	45	1	1	1		1	1	1	1	
	46	1	1	1		1	1	1	1	
	47	1	1	1		1	1	1	1	
	48	1	1	1		1	1	1	1	
49	1	1	1	1	1	1	1			
50	1	1	1	1	1	1	1			
TOTAL IND.	2	1	1	1	1	1	1			
TOTAL DEP.	7	1	1	1	1	1	1			
TOTAL CLAIMS	8	1	1	1	1	1	1			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS